

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/25/2012  
FORM APPROVED  
OMB NO. 0938-0391

45th 12/08/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445476	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  10/22/2012
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NAME OF PROVIDER OR SUPPLIER

ISLAND HOME PARK HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

1758 HILLWOOD DRIVE  
KNOXVILLE, TN 37920

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure one (1) hour fire rated construction is maintained in hazardous areas.</p> <p>The findings include:</p> <p>Observation on October 22, 2012 between the times of 8:00 a.m. and 9:30 a.m. revealed penetrations in (1) hour fire rated construction in hazardous areas in the following locations:</p> <ol style="list-style-type: none"> <li>Hall 3 mechanical room.</li> <li>Hall 3 soiled linen room</li> <li>Hall 2 soiled linen.</li> </ol> <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 22, 2012.</p>	K 029	<p><b>K029</b></p> <ol style="list-style-type: none"> <li>Penetrations in Hall 3 mechanical room and soiled linen room attic spaces, and Hall 2 soiled linen room attic space were repaired on October 22, 2012 by Facilities Management Assistant with 3M Fire Barrier Sealant, 4 hour rating.</li> <li>All one hour fire rated construction attic areas were evaluated on October 22-23, 2012 by the Facilities Management Assistant to assure no penetrations were present. No other penetrations were identified.</li> <li>Facilities Management Director and Facilities Management Assistant were inserviced on October 23, 2012 by the Administrator regarding ensuring one hour fire rated construction is maintained in hazardous areas.</li> <li>Fire rated construction areas are inspected by the Facilities Management Director or Facilities Management Assistant immediately following any repair or contract work in the attic area, to assure no penetrations have been made and not repaired.</li> </ol> <p>Weekly inspections by the Facilities Management Director or the Facilities Management Assistant to assure no penetrations have been made and not repaired will be made for one month, then once a month for two months and/or 100% compliance.</p> <p>Results obtained will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations.</p>	11/15/12
K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

recommendaTIONS

(X6) DATE

any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>ISLAND HOME PARK HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1758 HILLWOOD DRIVE KNOXVILLE, TN 37920</b>		
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K 056	<p>Continued From page 1</p> <p>installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all areas were properly sprinklered.</p> <p>The findings include:</p> <p>Observation on October 22, 2012 between the times of 7:45 a.m. and 8:30 a.m. revealed that the central bath's in hall 1 and hall 3, had shower curtains that were not meshed and was an obstruction for sprinkler coverage in that area.</p> <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 22, 2012.</p>	K056	<p>This committee will determine if any revisions are needed to the audit plan. Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, and Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director. Dietician and Pharmacist reports are reviewed, and these consultants attend as needed.</p> <p>K056</p> <p>1. Shower curtains were dropped to 18" below sprinkler heads in the central baths on Halls 1 and 3 by Facilities Management Director on October 23, 2012.</p> <p>Meshed shower curtains were ordered on October 23, 2012 by the Facilities Management Director for use in all shower areas.</p> <p>2. All shower curtains in each central bath were evaluated by the Facilities Management Director on October 23, 2012 to assure no obstruction of sprinkler coverage area was evident due to non-mesh shower curtains. No other areas of concern were identified.</p> <p>3. Facilities Management Director and Facilities Management Assistant were inserviced on October 23, 2012 by the Administrator regarding ensuring mesh shower curtains are used in shower rooms to allow sprinkler penetration.</p>		11/15/12

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K 056		K 056	<p>Further replacement or purchase of shower curtains by Facilities Management Director will be of mesh material to allow proper sprinkler coverage in those areas.</p> <p>4. Weekly inspections by the Facilities Management Director or the Facilities Management Assistant to assure mesh shower curtains are in place in sprinkled areas of shower rooms for one month, then once a month for two months and/or 100% compliance.</p> <p>Results obtained will be reported by the Facilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and recommendations.</p> <p>This committee will determine if any revisions are needed to the audit plan. Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, and Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director. Dietician and Pharmacist reports are reviewed, and these consultants attend as needed.</p>	

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